VIRgiL				State of Nevad	
me (print)					District (if applicable)
illing Address (include city	and zio code) Keno	NV	99509	7-1-1-1	
Wail Address		m. cor	n	Telephone No.	
lect Appropriate Box(es)	CANDIDATE PAC				
over reprivate box(cs)		POLPRTY	LINDEXP. LIN	ONPROFIT CORP	
	LEGAL DEFENSE FUNI	D AMENDED			
Annual Fifing	- Due January 15, 2008				
	, 2007 - December 31, 2007				wed   28/08
Period: Jan. 1	Due August 5, 2008* , 2008 — July 31, 2008			Kocu	Well 1
	- October 28, 2008*			1000	1 1
Period: Aug. 1	, 2008 — Oct. 23, 2008			11	20/08
Report #3 Due	— January 15, 2009*/**			1 10	198700
Period: Oct 2	4, 2008 — Dec. 31, 2008				
Annual Filing	- Due January 15, 2009			FOR O	FFICE USE ONLY
	y 1, 2008 - December 31, 2				Marine allerine
* These Reports an	e filed by incumbents/can ices for 2009 Annual Filing	didates runnir	ng for office in the	2008 election c	ycle
		) ii candidate	also filed Report N	los. 1 and 2	Cumulative
CONT	RIBUTIONS SUMMARY				From Beginning of Report Period #1
			· !	This Period	through End of This Reporting
Total Monetary Confi (See page 1 of ins.)	ribultions Received in Excess of \$1 struction sheet)	100		A	Period
2. Total Monetary Conti (See page 2 of ins	ributions Received of \$100 or Less	1		0	0
3. Total Monetary Cont	ributions in the form of loans guar of instruction sheet)	ranteed by a third		-0	0
4. Total Monetary Cont	ributions in the form of loans that	were forgiven		0	2
(See page 2 of Insti	ruction sheet)		Cumulative From	1	
		This Period	Beginning of		
			Through End of This Reporting		
5. Total Amount of M	onetary Contributions		Period		
Received	-				4
<ol><li>lotal Amount of Write</li></ol>	4) (See page 2 of instruction sheet) ten Commitments for		1 -	10	
Contributions (When a contribution (monetary or	commitment is funded, report as	2			
(See page 2 of instruction	n sheet) d Contributions Received in		1-0		
Excess of \$100	(See page 2 of instruction sheet)	0	0		
		XPENSES SU	MMARY		
<ol> <li>Total Monetary Expenses</li> <li>(See page 2 of Instr</li> </ol>	enses Paid in Excess of \$100				
<ol><li>Total Monetary Exper</li></ol>	nses Paid of \$100 or Less			1-0	0
(See page 2 of instr	uction sheet)			0	0
10. Total Amount of Al (Add Lines 8 and 9)	Monetary Expenses Paid (See page 2 of Instruction she	act)		4	_
11. Total Value of In Kin	d Expenses in Excess	-	100 -	+	0
of \$100 (See page 12. Disposition of Unspe	3 of instruction sheet)	-	10		
(Only reported on Report	rt #3 , Annual Report or 15th				
day of the second mont incumbent does not run	h after candidates defeat or				
(See page 3 of instruction	n sheet)				
		AFFIRMATION	ON		
Donlars II- A B-	ity of Perjuty That the For	egoing is Tru	e and Correct.		
Declare under Pena					
Declare Uniter Pena	THE STATE OF THE S			1 /	6
July July	Ala			10/28/0	08

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Office (if a	applica	able)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
АН			II.		
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Virgil Neal Name (print)

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Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
NA		

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Revised: Jan-08 PAGE\_\_\_\_OF\_\_\_

Vivsi Name (print)

Office (if applicable)

District (if applicable)

#### **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

> PAGE\_\_\_\_ OF

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Revised: Jan-08

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Name (print)	

Office (if applicable)

District (if applicable)

# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NA			

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PAGE\_ OF

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Office (if applicable)

District (if applicable)

### IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
NA						
			Se (400)			

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IN KIND	
WRITTEN	COMMITMENTS

Report Period

#2

Virgi	1 No
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Office (if applicable)

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
NA		
		in the second se

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Name (print)	

Office (if applicable)

District (if applicable)

#### IN KIND

## Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NA	Augus		

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

PAGE\_\_\_OF\_\_\_

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